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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>170</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>382</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Eliza Carrizosa</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Legitimate? <u>yes</u>	7. Date of birth <u>Aug. 22-22</u> (Month, day, year)
5. No., in order of birth _____			
8. FATHER		14. MOTHER	
Full name <u>Rudolph Carrizosa</u>		Full maiden name <u>Salome Cuevas</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Florence</u>	(State or country) <u>Arizona</u>
13. Occupation <u>Stationary Engineer</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:20</u> p.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Globe, Ariz.</u>	
531-822-232		Filed <u>5/26</u> , 19 <u>22</u> <u>O. B. S. Sox</u> Local Registrar.	
Registrar.		Filed <u>9/18</u> , 19 <u>22</u> <u>O. B. S. Sox</u> County Registrar.	